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## DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## METHODS AND APPARATUS FOR REDUCING NITRATE DEMANDS IN THE REDUCTION OF DISSOLVED AND/OR ATMOSPHERIC SULFIDES IN WASTEWATER

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

I hereby appoint the following Registered Practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

All Registered Practitioners of Lowrie, Lando & Anastasi, LLP associated with Customer Number 37462.

Address all telephone calls to Robert A. Skrivanek, Jr. at telephone no. (617) 395-7000.

Address all correspondence to: the Correspondence Address associated with Customer Number 37462.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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